Civil Action No. 1:20-cv-00372

## PROOF OF SERVICE

☐ I personally se	erved the summons on the	individual at (place)	
		on (date)	; or
☐ I left the summ	mons at the individual's res	sidence or usual place of abode with (n.	ame)
		, a person of suitable age and discre	tion who resides there,
on (date)	, and mailed	l a copy to the individual's last known	address; or
☐ I served the su	immons on (name of individue	al)	, who
designated by lav	w to accept service of proc	ess on behalf of (name of organization)	
		on (date)	; or
☐ I returned the s  Other (specify):	I personally so receptionist let,	erved the Summons of Heritage Medical Group 49396 ON NOVEMBER	N Allison Hubba 1836 S. PATRIOT 20202024 19:14
	I personally so receptionist let you town, IN. 15.40 for travel an	erved the Summons of Heritage Medical Group. 49396 on November	N Allison Hubbe 1836 S. PATRIOT 20,2020 et 10:14
Other (specify):  My fees are \$	I personally so reseptionist let, Yorktown, IN	erved the Summons of Heritage Medical Group.  47396 on November  d\$ 72.10 for services, for a	N Allison Hubbe 1836 S. PATRIOT 20, 2020 et 18:14
Other (specify):  My fees are \$  I declare under pe	I personally so receptionist let , Yorktown, IN. 15.40 for travel an	erved the Summons of Heritage Medical Group.  47396 on November  d\$ 72.10 for services, for a	N Allison Hubbe 1836 S. PATRIOT 20, 2020 et 18:14 a total of \$7.50

Additional information regarding attempted service, etc: